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To:	U.S. Patent & Trademark Office	From:	Anton J. Hopen
Attn:	Technology Center 2600	Client:	1372.96.PRC
Fax:	(703) 872-9314	Pages:	6 including coversheet
Phone:		Date:	March 29, 2004
Re:	USSN: 10/723,540	CC:	University of South Florida

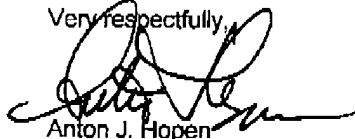
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To Whom It May Concern:

Enclosed please find the following:

1. Amendment Transmittal with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated March 29, 2004 (2 pages); and
2. Preliminary Amendment (3 pages).

Very respectfully,



Anton J. Hopen
Reg. No. 41,849

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Practitioner's Docket No.: 1372.96.PRC

PATENTS

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Maria Kallergi)

Serial No.: 10/723,540)

Filed: 11/26/2003)

For: **Computer Aided Diagnosis of
Mammographic Microcalcification
Cluster**)

Art Unit: 2621

Examiner: Unassigned

Confirmation No.: 9744

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Faxed to Technology Center 2600 at (703) 872-9314
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a preliminary amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

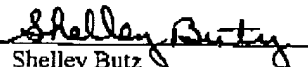
EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Preliminary Amendment, including Amendments to the Specification and Remarks, is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 2621, (703) 872-9314 on March 29, 2004.

Dated: March 29, 2004


Shelley Butz**BEST AVAILABLE COPY**

(Amendment Transmittal—page 1)

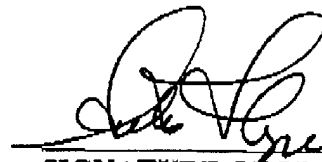
FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) SMALL ENTITY Present Extra	Rate	Addit. Fee
Total	8	Minus	20	= 0	x \$9 =	\$0
Indep.	2	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					- \$130 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No Additional fee for claims is required.


 SIGNATURE OF PRACTITIONER

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(Amendment Transmittal—page 2)